

APPLICATION FOR NORTH CAROLINA GINSENG DEALER PERMIT

Applicant (name of
business or individual):

Mailing address:

Telephone:

FAX / e-mail address (optional):

If mailing address is a postal route or box number, give street address or other directions to location where records will be available for inspection:

If ginseng roots will be kept elsewhere, give street address or directions to where roots are kept:

Names of agents: See and complete back of sheet. Any person buying ginseng must be a registered dealer or be listed on the dealer permit application as an agent of the dealer.

I agree to maintain purchase records of all wild and cultivated ginseng roots that are purchased, use only the forms provided by the NC Department of Agriculture & Consumer Services, and complete forms accurately. I agree to make these records and the ginseng roots in my possession available for inspection by an authorized inspector of the NC Department of Agriculture & Consumer Services. I understand that I am responsible for the actions of my agents. I agree to abide by state and federal laws and regulations regarding the collection and sale of ginseng.

Signature

Name of signer
(please print)

Date

**Return completed application to: Plant Conservation Program
Plant Industry Division
NC Department of Agriculture & Consumer Services
1060 Mail Service
Raleigh NC 27699-1060**

Agents Representing Dealer

An agent is defined as any individual buying ginseng as a representative of a registered ginseng dealer. The actions of an agent are the responsibility of the dealer. Any individual buying ginseng at or outside of the site of business must be listed as an agent.

Name

Address

Name

Address

Name

Address

Name

Address

Name

Address
